

● PRINTER RUSH ●
(PTO ASSISTANCE)

Application : 10 / 72 8581 Examiner : Eldred GAU : 3644
From : ewc Location : (IDC) FMF FDC Date : 11-05-04

Tracking #: _____ Week Date: _____

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	<u>12-4-03</u>	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE:

Claim 5 is dependent upon claim 6.

Please advise

Thank you
ewc

[XRUSH] RESPONSE:

INITIALS:

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04